

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 19, 2007 8:00 am**  
**Secretary of State**

01-19-2007 90064 026 \*\*\*\*50.00

**DOCUMENT # L03000013777**

1. Entity Name  
**MARLYN MANAGEMENT PROPERTIES, L.L.C.**



Principal Place of Business  
**9150 S.W. 87TH AVENUE STE. 205  
MIAMI, FL 33176**

Mailing Address  
**9150 S.W. 87TH AVENUE STE. 205  
MIAMI, FL 33176**

**60004051**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01162007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**59-1347627**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREENFIELD, ALYSON E  
15105 NW 77 AVENUE STE. 303  
MIAMI LAKES, FL 33014**

Name

*Same*

Street Address (P.O. Box Number is Not Acceptable)

*3766 NE 209 Terr*

City

*Aventura*

FL

Zip Code

*33180*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
GREENSTEIN, STEWART A  
9150 S.W. 87TH AVENUE STE. 205  
MIAMI, FL 33176** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*[Signature]*  
**Stewart A  
Greenstein**

Date

Daytime Phone #

*1/16/07*

*305-595-1518*